I hereby certify that the information indicated on this report or supplemental report is true and accur	rate and that my electronic signature shall have the same le	egal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec	cute this report as required by Chapter 617, Florida Statute	s; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE <sup>,</sup> LORNA WRIGHT	TREASURER	02/18/2013

TREASURER

SIGNATURE: LORNA WRIGHT

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# N06000012318

### Entity Name: TRINITY LUTHERAN CHURCH OF TRINITY FLORIDA INC

## **Current Principal Place of Business:**

3050 STARKEY BLVD TRINITY, FL 34655

### **Current Mailing Address:**

3050 STARKEY BLVD TRINITY, FL 34655

# FEI Number: 75-3228561

# Name and Address of Current Registered Agent:

NAUMAN, MARC 17901 SOUTER LANE LAND O'LAKES, FL 34638 US

FILED Feb 18, 2013 Secretary of State CC0076870497

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title	Ρ	Title	VP
Name	RIEGER, RICHARD	Name	CHARLESWORTH, LES
Address	9123 CREEDMOOR LANE	Address	5401 MERKIN PLACE
City-State-Zip:	NEW PORT RICHEY FL 34654	City-State-Zip:	NEW PORT RICHEY FL 34655
		<b>T</b> :4	2
Title	т	Title	S
Title Name	T WRIGHT, LORNA	Title Name	S INGLEE, VICKIE
	T WRIGHT, LORNA 7142 STEINBECK WAY, #101		-

Date

Date